IS THE DIVISION OF PSP INTO PSP PARKINSONISM AND RICHARDSON SYNDROME IS CLINICALLY USEFUL & HELPFUL

YES

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It has been more than half a century since the classical description of Progressive Supranuclear Palsy (PSP). At that time Richardson, Steele and Olszewski described a progressive neurodegenerative disorder with supranuclear gaze palsy, pseudobulbar palsy, nuchal dystonia and dementia. In recent times atypical presentations of PSP including cases without recorded evidence of distinctive supranuclear ophthalmoplegia, cases without dementia, cases with resting tremors have all been described. This has led to the hypothesis that there are more than one phenotypes of PSP. Indeed in 2005, Williams et al described two phenotypes based on clinical and pathological data. They called the classical form Richardson's syndrome and the atypical form with resting tremors, slower progression as PSP parkinsonism. The two forms differ in neuroimaging, extent of disease in the form of burden and distribution of tau pathology and also have difference in the tau isoforms. Since the prognosis differs significantly in response to L Dopa, duration of survival, time to disability and bulbar involvement (causing dysphagia) there is no doubt about the usefulness of separating these two entities especially in terms of prognostication. Even in the case of future therapies the response to treatment is likely to differ. This would have to be factored when designing clinical trials in the future.